



**MONTANA  
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE  
PO BOX 200139  
HELENA MT 59620-0139  
(406) 444-3134

**TRS Office Use Only**

**TRANSFER OF SERVICE  
FROM PERS TO TRS**

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)

**Personal Data :**

\_\_\_\_\_  
(Name)

\_\_\_\_\_-\_\_\_\_\_  
(Date of Birth)

\_\_\_\_-\_\_\_\_-\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Home Mailing Address)

\_\_\_\_\_  
(City, State & Zip Code)

(\_\_\_\_)\_\_\_\_\_  
(Area Code & Telephone Number)

\_\_\_\_\_  
(Sex M/F)

\_\_\_\_\_  
(Maiden Name)

Please accept this as a formal request for a transfer of service from the Public Employees' Retirement System (PERS) to the Teacher' Retirement System (TRS).

The following is a brief description of my employment:

EMPLOYER(S):

DATES OF EMPLOYMENT:

HAVE YOU WITHDRAWN YOUR ACCOUNT FROM PERS?

☐ YES

☐ NO

PREVIOUS NAME(S) USED:

EMPLOYER(S):

DATES OF EMPLOYMENT:

HAVE YOU WITHDRAWN YOUR ACCOUNT FROM PERS?

☐ YES

☐ NO

PREVIOUS NAME(S) USED:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_-\_\_\_\_\_  
(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,  
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST